### SPONSORSHIP INVITATION

We are pleased to announce Southwest Benefits Association's **35<sup>th</sup> Annual Benefits Compliance Conference** on **November 7-8, 2024**, at the **DoubleTree by Hilton Hotel Dallas Near the Galleria**. More than 200 leading benefits executives and their advisors/partners are expected to participate in this year's premier educational event.

SWBA is offering our supporting organizations the opportunity to sponsor our **Annual Benefits Compliance Conference.** This will be an important opportunity for our Sponsors to build stronger relationships with benefits decision-makers and industry leaders through exceptional networking and business development opportunities for both Sponsors and Attendees.

Staying up to date in this challenging world of employee health and retirement benefits has never been more critical to the success of benefits professionals and their companies. Changes in regulations, technology, workforce issues, and the economy continue to influence and change the way employee benefits are structured. SWBA's **Annual Benefits Compliance Conference** has become a key resource for information, guidance and clarification on new regulations, compliance issues, legislation, and litigation.

Sponsoring this year's Compliance Conference is one of the most **cost-effective** ways to **gain exposure** for the services and solutions that your organization provides.

Sponsorship information is below, including a **Sponsorship Agreement**, which we ask you to sign and return to SWBA via email to <a href="mailto:registration@swba.org">registration@swba.org</a> as soon as possible. The number of sponsoring organizations is limited, so please reserve your space today! **Sponsors will be accepted on a first come, first served basis**.

We look forward to your participation in what promises to be an outstanding **SWBA 35<sup>th</sup> Annual Compliance Conference, November 7-8, 2024**, at the DoubleTree by Hilton Hotel Dallas Near the Galleria.

Sincerely,

Marianne Fazen Ph.D. Executive Director

Marianne Fozur



# **Presenting Sponsor**

# Only 3 Sponsorships Available - \$5,000

### **Benefits:**

- > Host for Thursday Lunch, Thursday Reception or Friday Lunch
- > 3 Complimentary Registrations
- > 6-foot table-top exhibit space
- > Logo/Brand recognition on the Conference brochure & website
- > Logo/Brand recognition before and during Conference
- > Opportunity to introduce a Luncheon or Session Speaker
- > 2 Reserved tables during Thursday & Friday Lunch
- > Ad space in the Conference registration materials
- > Access to the attendee list in advance

## **Conference Underwriter**

### 6 Sponsorships Available - \$3,000

### **Benefits:**

- > Host of a Thursday or Friday Breakfast or Break
- > 2 Complimentary Registrations
- > 6-foot table-top exhibit space
- Logo/Brand recognition on the Conference brochure & website
- Logo/Brand recognition before & during the Conference
- > 1 Reserved table during each Lunch
- > Ad space in Conference registration materials

# **Conference Sponsor - \$1,500**

### <u>Benefits:</u>

- > 1 Complimentary Registration
- > 6-foot table-top exhibit space
- Company name on the Conference brochure and website
- > 1 Reserved table during Conference Lunches
- > Ad space in the Conference registration materials

The following describes this Sponsorship Agreement between SouthWest Benefits Association (SWBA) and Sponsor:

- Sponsor will receive benefits listed in attached sponsorship description sheet based on sponsorship level selected.
- SWBA will not incur additional expenses associated with this sponsorship except those required for the promotion and staging of the event.
- In the event of cancellation due to circumstances within its control, the liability of SWBA shall be limited to a refund of your sponsorship fee. In the event of cancellation by Sponsor, no refunds will be given unless written notification is provided to SWBA 90 days prior to the conference.
- Sponsor agrees to defend, indemnify, and hold harmless SWBA from and against all claims, actions, causes of action, or liabilities, including reasonable attorneys' fees, arising out of or resulting from any act undertaken or committed by Sponsor pursuant to the performance of its obligations under this agreement.
- **Presenting Sponsor** will receive Conference attendee registration lists in excel format with physical mailing information only. Presenting Sponsor agrees not to disclose attendee registration lists to outside parties. Presenting Sponsor agrees not to extend invitations or call meetings that would encourage absence during the posted hours of the conference.
- Sponsor agrees to pay SWBA the full amount of the Sponsorship Fee on or before October 11, 2024.

This shall constitute the entire agreement, and Sponsor agrees to abide and conform to these terms. In the event of fire, strikes or other uncontrollable circumstances, this agreement will not be binding.

# Accepted By: Sponsor's Authorized Representative Southwest Benefits Association Marianne Fazen, PhD DATE: \_\_\_\_\_\_\_\_ DATE: February 26, 2024

### Questions? Call SWBA at 214-382-3035

Please complete both pages of this agreement and email to SWBA at <a href="mailto:registration@swba.org">registration@swba.org</a>
Please note: Sponsorships will be made available to other companies on a first come, first served basis.



### **Sponsor Contact Person:**

For questions regarding this Sponsorship, SWBA should contact:

Name:		<del></del>	
Title:			
Phone:	Email:		
Complimentary Registra			
level. Additional company pe	rsonnel who wi te registration	conference registration based on the selected sponsorshish to attend the Conference must complete a Registration fee. The names of individuals utilizing the complimentary egistration@swba.org.	n
Payment Method			
Sponsorship Fee:			
- Presenting Sponsor -	\$5,0	000	
- Conference Underwriter -	\$3,0	000	
- Conference Sponsor -	\$1,5	500	
Please indicate your method	of payment.	Full payment is due on October 11, 2024	
• Check enclosed, payable to	SouthWest Ben	nefits Association	
· Credit card payment			
Card Type: • VISA	• MC	• AMEX	
Card Number:		Exp. Date:	
Card Holder's Name (Please p	rint):		
Signature:			

Please complete both pages of this agreement and return to:

**SouthWest Benefits Association** 

10260 N. Central Expy., Suite 285 Dallas, TX 75231

Phone: 214-382-3035

Email: registration@swba.org